# Volunteer at
# Governor Bacon Health Center


## Volunteer FAQ

- **How do I apply to become a volunteer?**
  Volunteers must schedule an interview and submit an application packet. If it is a good fit and a volunteer position is offered, volunteers will schedule to attend a two hour orientation.

- **How do I set up an interview to become a volunteer?**
  Call the Volunteer Services Coordinator at 302.836-2341 or email Jennifer.Bobel@state.de.us to schedule an appointment for an interview.

- **Is there a minimum time commitment required to volunteer?**
  We ask volunteers to commit to at least one 3 to 4 hour shift per week for at least 6 months.

- **When is the best time to apply to volunteer?**
  Due to holiday preparations and programs, it is highly recommended that interested volunteers consider applying prior to October 1st, or after February 1st.

- **Do you have a program for high school students in the summer time?**
  The student summer volunteer program applications are due by May 1st. Student summer orientation will be held on 2 dates TBA in early spring. Minimum age for volunteering is 14 years old without a parent .

- **What is included in the Volunteer Application Packet?**
  The Volunteer Application Packet includes consent to check Public Sex Offender, Adult Abuse and Office of Inspector General registries & a child abuse registry consent form. (no cost to volunteer)

- **Is a flu vaccination required to volunteer?**
  Flu vaccinations are required Nov 1st through May 1st. Volunteers must submit proof of vaccination and may be required to receive or to show proof of TB test.

# Governor Bacon Health Center
# Volunteer Opportunities

**Friendly Visitor**
Make weekly visits with an assigned resident. Chat, take a stroll or trip to the snack bar, go fishing, read a book, or any other activity the resident may request.

**Activity Assistant**
Assist in our Activity Therapy program with craft activities, cooking group, Bingo and other games, parties, transporting residents to and from activities, one on one visiting with residents.

**Beauty Shop Assistant**
Assist cosmetologists with spa services- painting nails, hand massages, and transporting residents to and from the beauty & barber shops.

**Physical Therapy Assistant**
Assist Physical Therapists, transport residents to and from Physical Therapy appointments.

**Librarian**
Assist in the resident's library by shelving books, organizing returned and donated books, decorating display cases, assist residents in selecting items.

**Office Assistant**
Assist in a busy office with filing, logging donations, data input, shredding and general organization. Exceptional phone etiquette and attention to detail is required. Wednesday & Friday 10AM—2PM

**Donation Room Organizer**
Assist with keeping the donations organized and easily accessible in the Volunteer Services donation room. Keep shelves clean and tidy, organize donations according to season, clothing sizes etc. Wednesday & Friday 10AM—2PM

**Clothing Closet Assistant**
Help sort & organize donated clothing items, socks and linens. The Clothing Closet Assistant will also hold regular "clothing closet shopping days" and assist residents in selecting desired/needed clothing items.

# Governor Bacon Health Center
# Volunteer Application

Mission Statement
It is our mission to provide quality care and support to those we serve.

**Personal Information** Date _____

Last Name _____ First Name _____ MI _____
Nickname _____
Address _____ City _____ State _____ Zip _____
Cell Phone _____Home Phone _____

Email address _____

**Personal History *optional**
Date of Birth _____
Check appropriate blank___ employed ___ unemployed ___ student ___ retired_____
Employer/School _____Phone _____
Title/Position _____ May we contact if necessary? __ yes __ no
Have you ever been convicted of or pled guilty to a crime other than a misdemeanor or traffic violation? If no, state No. If yes, please explain. An answer must be provided or application will not be processed. _____

**Emergency Information**

Emergency Contact _____ Relationship _____ Phone _____
Do you have any health or physical limitations that could affect your volunteer assignment? __ yes __ no
If yes, please explain:

**Volunteer Information**

**How did you learn about our Volunteer Program?**

____ Friend/Family member ___ Newspaper ___ Volunteer Match ____ Facebook_____
____ School/Employer _____

What motivated you to volunteer?

Previous or current volunteer experience:

What are your special skills, experience, talents, and o hobbies that you can utilize as a volunteer:

# Commitment of Confidentiality

I, _____, understand my obligation to maintain complete confidentiality of information in order to protect residents and their families, as well as all members of GBHC and any affiliate from improper disclosure of information, particularly when the information is related to the health, business or personal matters of those listed above. I also understand that confidentiality must be maintained regardless of the source of information. I understand that if I violate confidentiality I will be released from volunteer service.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

(Required if Volunteer is under 18 years of age)

**Agreement**

During the processing of this application and, if accepted into the Volunteer Program at the Governor Bacon Health Center (GBHC), I agree to the following.

1. I give permission for a tuberculosis skin testing (PPD) to be conducted once a year or as necessary.
2. I agree to abide by all facility rules and regulations and those of the Volunteer Department. I understand that if placed, my placement will be subject to the conditions of any applicable introductory period established by facility policies. I understand that I may end my volunteer service with the facility at any time. In order to remain in good standing and be considered for future service, a two week notice is required. In addition, my service may be discontinued by the facility at any time and for any reason. Finally I understand that a volunteer position and any related documents are in no way a contract, promise, or consideration of employment.
3. I give permission to GBHC to investigate any and all information concerning my application to determine my qualifications. This includes but is not limited to criminal background checks, adult abuse registry checks, child abuse registry checks, sex offender checks, employment checks and personal reference checks.
4. In the event of resignation or termination, I agree to return all facility property such as badges, books, etc.
5. I understand that I must commit at least twenty hours of volunteer service before any references can be completed on my behalf, unless otherwise arranged.

My signature below indicates that I have read, understand, and consent to the above statement. This authorization or photocopy shall serve as consent for the facility to request any information concerning my application.

**Applicant Signature** _____ Date _____

**Parent/Legal Guardian Signature** _____ Date _____

**(Required if applicant is under 18 years of age)**

**Affirmation**

I _____ understand that falsifying any information on this application will disqualify me from being able to participate in the Volunteer Program. I affirm that all of the information I have provided on this application is accurate to the best of my knowledge.

**Applicant Signature** _____ Date _____

**Parent/Legal Guardian Signature** _____ Date _____

(Required if Volunteer is under 18 years of age)

GBHC IS AN EQUAL OPPURTUNITY FACILITY. FEDERAL AND STATE LAWS PROHIBIT DISCRIMATION BECAUSE OF RACE, COLOR, ANCESTRY, RELGION, AGE, SEX, NATIONAL ORGIN, OR NON-JOB-RELATED PHYSICAL OR MENTAL DISABILITY. WE ARE COMMITTED TO THESE PRACTICES.

## STUDENT APPLICANTS ONLY

Name of School presently attending _____

Grade _____ Course of Study _____

Volunteering for a School Project? _____ yes _____ no Amount of hours needed _____ hours
Volunteering for Delaware credit? _____ yes _____ no Amount of hours needed _____ hours

Parent/Legal Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Home _____Work _____ Cell

### Parent/Legal Guardian Permission

I _____ as the parent/legal guardian of the above applicant give him/her permission, if accepted, to be part of the Volunteer Services Program at GBHC.

Parent/Legal Guardian Signature _____ Date _____

## STUDENT VOLUNTEER TUBERCULOSIS TESTING PERMISSION FORM

Please print all information except your signature and return the form so that testing may be scheduled.
If you have any questions, please contact the Employee Health Nurse.

I, _____, give permission for my minor child to be tested for Tuberculosis. I am not aware of any active symptoms at this time or any past diagnosis of Tuberculosis.

Student Name _____ Date of Birth_____

Parent/Guardian Signature_____ Date_____

Relationship to child_____

## _____OFFICE USE ONLY _____

Date Received: _____Interview Date: _____

Orientation Date: _____ Badge Issue Date: _____

PPD Testing Dates: 1. _____ 2. _____

Adult Abuse Check Date: _____ Child Abuse Check Date:_____

Sex Offender Check Date: _____ Approve Deny

Volunteer Coordinator Signature: _____

Termination Date: _____ Badge Returned: _____

# Governor Bacon Health Center
# Volunteer Services Applicant Survey

In which areas of the Hospital would you be interested in volunteering?
Check all that apply.

| | | | |
|---|---|---|---|
| | Friendly Visitor | | Librarian |
| | Activity Assistant | | Clothing Closet Assistant |
| | Physical Therapy Assistant | | Donation Room Organizer |
| | Beauty Shop Assistant | | Talents or Skills |
| | Office Assistant | | High School Student Summer Program (June— August, Application due 5/1) |

Other please explain:

## Day & Time Availability

I am interested in working _____ hours per week.

Please indicated which days you are available: Sun / Mon / Tues / Wed / Thurs / Fri /Sat

What time of the day are you available? _____AM/PM until _____ AM/PM

Applicants Name: _____

Date: _____

# DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM

Fax or Mail Request to:

DSCYF, OCCL
Criminal History Unit
1825 Faulkland Road
Wilmington, DE 19805
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed**
- **Do not use a cover sheet**
- **Do not send duplicate requests**
- **Form must be submitted to DSCYF within 90 days of signature date in order to be processed**

## PART I. APPLICANT INFORMATION *(PLEASE PRINT CLEARLY)*

Name: _____
Last First Middle

Other Name(s) used: _____ DE Drivers License # _____

Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Date of Birth: ___-___-_____ Sex:_____ Race:_____
mm / dd / yyyy

Address: _____
(Street) (City) (State) (Zip)

Have you ever been involved in a substantiated case of child abuse or neglect? [ ] Yes [ ] No

If Yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: _____

Parent / Guardian Signature (If applicant is under the age of 18) _____

## PART II. AGENCY/ORGANIZATION INFORMATION - (*MUST BE COMPLETED IN ORDER TO PROCESS*)

**Please check only one:**

☐ EDUCATION ☒ HEALTH CARE FACILITY ☐ CHILD CARE ☐ OTHER _____

Agency Identification Number (if applicable): 1298

Requesting Agency Name: Governor Bacon Health Center

Address: 248 Kent Avenue, P.O. Box 559, Delaware City, DE 19706

Phone: (302)836-2341 Fax: (302)836-2324 Contact Person: Jennifer Bobel

**DSCYF USE ONLY:**

The individual listed above ( ___ is listed) ( ___ is NOT listed) on the Delaware Child Protection Registry.

Date: _____ DSCYF Criminal History Unit _____